

Fill in this information to identify your case:

Debtor 1	Daniel L. VanderZwaag		
	First Name	Middle Name	Last Name
Debtor 2	Patricia L. VanderZwaag		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number	20-00363		
(if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55. Total real estate, from Schedule A/B.....	\$ 40,000.00
1b. Copy line 62. Total personal property, from Schedule A/B.....	\$ 19,975.00
1c. Copy line 63. Total of all property on Schedule A/B.....	\$ 59,975.00

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$ 67,347.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 1.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$ 347,057.00
	Your total liabilities \$ 414,405.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I.....	\$ 5,343.04
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of Schedule J.....	\$ 4,522.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) 20-00363

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 6,124.90

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>1.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>1,171.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>1,172.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Daniel L. VanderZwaag		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Patricia L. VanderZwaag		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number 20-00363			

Check if this is an
amended filing

Official Form 106A/B**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

No. Go to Part 2.
 Yes. Where is the property?

1.1

8914 Brigadoon Lane South

Street address, if available, or other description

West Olive **MI** **49460-0000**

City State ZIP Code

Ottawa

County

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative

 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

Current value of the entire property? Current value of the portion you own?
\$40,000.00 \$40,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2003 COMMODORE DOUBLE-WIDE MOBILE HOME

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$40,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**Case number (if known) **20-00363****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No
 Yes

3.1 Make: **FORD**
Model: **FOCUS**
Year: **2014**
Approximate mileage: **75,000**
Other information:

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put
the amount of any secured claims on Schedule D:
Creditors Who Have Claims Secured by Property.

Current value of the
entire property? **\$3,500.00**

Current value of the
portion you own? **\$3,500.00**

3.2 Make: **FORD**
Model: **F-150**
Year: **2011**
Approximate mileage: **160,000**
Other information:

**passenger side door is dented
in**

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put
the amount of any secured claims on Schedule D:
Creditors Who Have Claims Secured by Property.

Current value of the
entire property? **\$10,000.00**

Current value of the
portion you own? **\$10,000.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
pages you have attached for Part 2. Write that number here.....=>

\$13,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes Describe.....

**MODEST GOODS AND FURNISHINGS IN 4 BR DOUBLE-WIDE
MOBILE HOME, NO ITEMS VALUED OVER \$625**

\$3,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes Describe.....

**3 TVs, 4 CELLPHONES, LAPTOP AND DESKTOP COMPUTERS,
MISCELLANEOUS SMALL HOUSEHOLD ELECTRONICS**

\$1,500.00

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**Case number (if known) **20-00363****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....**TRUMPET****\$100.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....**CLOTHING \$300 EACH****\$600.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....**WEDDING BAND****\$200.00****COSTUME JEWELRY****\$200.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....**2 DOGS AND A CAT****\$4.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$6,104.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-00363

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

CASH

\$40.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

COMMUNITY WEST CREDIT UNION
 OVERDRAWN BY \$235

17.1.

\$1.00

WALMART VISA DEBIT CARD ACCOUNT #
 0723

17.2.

\$30.00

WALMART VISA RELOADABLE CARD
 ACCOUNT # ..6900

17.3.

\$300.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.
 Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests 11 U.S.C. § 521(c).

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363****25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them...

Money or property owed to you?

**Current value of the portion you own?
 Do not deduct secured claims or exemptions**

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information.....

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died*If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.*

No
 Yes. Give specific information.....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$371.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$40,000.00
56. Part 2: Total vehicles, line 5	\$13,500.00	
57. Part 3: Total personal and household items, line 15	\$6,104.00	
58. Part 4: Total financial assets, line 36	\$371.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$19,975.00	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$59,975.00

Fill in this information to identify your case:

Debtor 1	Daniel L. VanderZwaag		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number (if known)	20-00363		

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Debtor 1 Exemptions 2014 FORD FOCUS 75,000 miles Line from <i>Schedule A/B</i> : 3.1	\$3,500.00	<input checked="" type="checkbox"/> \$850.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
MODEST GOODS AND FURNISHINGS IN 4 BR DOUBLE-WIDE MOBILE HOME, NO ITEMS VALUED OVER \$625 Line from <i>Schedule A/B</i> : 6.1	\$3,500.00	<input checked="" type="checkbox"/> \$1,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
3 TVs, 4 CELLPHONES, LAPTOP AND DESKTOP COMPUTERS, MISCELLANEOUS SMALL HOUSEHOLD ELECTRONICS Line from <i>Schedule A/B</i> : 7.1	\$1,500.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
TRUMPET Line from <i>Schedule A/B</i> : 9.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
CLOTHING \$300 EACH Line from Schedule A/B: 11.1	\$600.00	<input checked="" type="checkbox"/> \$300.00	11 U.S.C. § 522(d)(3)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
WEDDING BAND Line from Schedule A/B: 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00	11 U.S.C. § 522(d)(4)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
2 DOGS AND A CAT Line from Schedule A/B: 13.1	\$4.00	<input checked="" type="checkbox"/> \$2.00	11 U.S.C. § 522(d)(5)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
CASH Line from Schedule A/B: 16.1	\$40.00	<input checked="" type="checkbox"/> \$20.00	11 U.S.C. § 522(d)(5)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
COMMUNITY WEST CREDIT UNION OVERDRAWN BY \$235 Line from Schedule A/B: 17.1	\$1.00	<input checked="" type="checkbox"/> \$100.00	11 U.S.C. § 522(d)(5)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
WALMART VISA RELOADABLE CARD ACCOUNT # ..6900 Line from Schedule A/B: 17.3	\$300.00	<input checked="" type="checkbox"/> \$300.00	11 U.S.C. § 522(d)(5)
		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$170,350
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No
 Yes

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Patricia L. VanderZwaag		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	20-00363		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Debtor 2 Exemptions			
MODEST GOODS AND FURNISHINGS IN 4 BR DOUBLE-WIDE MOBILE HOME, NO ITEMS VALUED OVER \$625	\$3,500.00	<input checked="" type="checkbox"/> \$1,750.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
3 TVs, 4 CELLPHONES, LAPTOP AND DESKTOP COMPUTERS, MISCELLANEOUS SMALL HOUSEHOLD ELECTRONICS	\$1,500.00	<input checked="" type="checkbox"/> \$750.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 7.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
CLOTHING \$300 EACH	\$600.00	<input checked="" type="checkbox"/> \$300.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 11.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
COSTUME JEWELRY	\$200.00	<input checked="" type="checkbox"/> \$200.00	11 U.S.C. § 522(d)(4)
Line from <i>Schedule A/B</i> : 12.2		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2 DOGS AND A CAT Line from Schedule A/B: 13.1	\$4.00	<input checked="" type="checkbox"/> \$2.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
CASH Line from Schedule A/B: 16.1	\$40.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
WALMART VISA DEBIT CARD ACCOUNT # 0723 Line from Schedule A/B: 17.2	\$30.00	<input checked="" type="checkbox"/> \$30.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1	Daniel L. VanderZwaag			Case number (if known)	20-00363				
First Name	Middle Name	Last Name							
Debtor 2	Patricia L. VanderZwaag			First Name	Middle Name	Last Name			
First Name	Middle Name	Last Name							
2.2 CHASE AUTO FINANCE	Describe the property that secures the claim: 2014 FORD FOCUS 75,000 miles			\$2,650.00	\$3,500.00	\$0.00			
Creditor's Name									
PO BOX 901076 FT WORTH, TX 76101									
Number, Street, City, State & Zip Code									
Who owes the debt? Check one.									
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt									
Nature of lien. Check all that apply.									
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)									
Date debt was incurred		1/20/14		Last 4 digits of account number	8686				
2.3 COMMUNITY WEST CREDIT UNION									
Creditor's Name	Describe the property that secures the claim: 2011 FORD F-150 160,000 miles passenger side door is dented in			\$14,132.00	\$10,000.00	\$4,132.00			
PO BOX 1967 GRAND RAPIDS, MI 49501									
Number, Street, City, State & Zip Code									
Who owes the debt? Check one.									
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt									
Nature of lien. Check all that apply.									
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)									
Date debt was incurred		7/13/15		Last 4 digits of account number	8100				
Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:									
<table border="1"> <tr> <td>\$67,347.00</td> </tr> <tr> <td>\$67,347.00</td> </tr> </table>								\$67,347.00	\$67,347.00
\$67,347.00									
\$67,347.00									
Part 2: List Others to Be Notified for a Debt That You Already Listed									
Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.									
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code TRIAD FINANCIAL SERVS 19 HERITAGE DRIVE BOURBONNAIS, IL 60914			On which line in Part 1 did you enter the creditor? 2.1					
				Last 4 digits of account number 2601					

Fill in this information to identify your case:

Debtor 1	Daniel L. VanderZwaag		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Patricia L. VanderZwaag		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	20-00363		

Check if this is an
amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	INTERNAL REVENUE SERVICE Priority Creditor's Name <u>PO BOX 7346</u> <u>PHILADELPHIA, PA 19101</u> Number Street City State Zip Code	Last 4 digits of account number	\$1.00	\$1.00	\$0.00
	Who incurred the debt? Check one	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

4.1**AFNI**

Nonpriority Creditor's Name

**1310 MARTIN LUTHER KING DRIVE
 PO BOX 3517
 BLOOMINGTON, IL 61702-3517**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

9801**\$943.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

AGENT FOR DISH NETWORK ACCOUNT**■ Other. Specify NUMBER 8255909091772738****4.2****AMAZON/SYNCHRONY BANK**

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY
 PO BOX 965060
 ORLANDO, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

6403**\$650.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify**4.3****AT&T**

Nonpriority Creditor's Name

**PO BOX 5014
 CAROL STREAM, IL 60197-5014**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

3263**\$1,400.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

4.4

Bank of America	Last 4 digits of account number 7562	\$2,244.00
Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634	When was the debt incurred? Opened 03/17 Last Active 5/19/17	
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other Specify Credit Line Secured <input type="checkbox"/> Yes		

4.5

BARBARA TSATUROVA PLLC	Last 4 digits of account number	\$2,422.00
Nonpriority Creditor's Name PO BOX 2099 HOLLAND, MI 49422	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
AGENT FOR BAUMANN AND DEGROOT HEATING, HOLLAND HOSPITAL AND STOUT AND GORDON FAMILY DENTISTRY <input checked="" type="checkbox"/> Other. Specify MICHIGAN REPRODUCTIVE CENTER		

4.6

BAUMANN & DEGROOT HEATING	Last 4 digits of account number	\$249.00
Nonpriority Creditor's Name 230 E LAKWOOD BLVD HOLLAND, MI 49424	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<input type="checkbox"/> Other. Specify FOR CONTACT		

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-00363

4.7	CAPITAL MANAGEMENT SERVICES LP		Last 4 digits of account number	\$2,244.00
	Nonpriority Creditor's Name 698 1/2 SOUTH OGDEN STREET BUGGALO, NY 14206-2317		7562	
	Number Street City State Zip Code		When was the debt incurred?	
	Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			AGENT FOR BANK OF AMERICA <input checked="" type="checkbox"/> Other. Specify <u>ACCOUNT ENDING IN 7562</u>	
4.8	CARELINC MEDICAL EQUIPMENT		Last 4 digits of account number	\$330.00
	Nonpriority Creditor's Name 6900 COLLEGE BLVD SUITE 550 OVERLAND PARK, KS 66211		7562	
	Number Street City State Zip Code		When was the debt incurred?	
	Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			AGENT FOR BANK OF AMERICA <input checked="" type="checkbox"/> Other. Specify <u>ACCOUNT ENDING IN 7562</u>	
4.9	CARSON SMITHFIEL LLC		Last 4 digits of account number	\$1,265.00
	Nonpriority Creditor's Name PO BOX 9216 OLD BETHPAGE, NY 11804		1036	
	Number Street City State Zip Code		When was the debt incurred?	
	Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			AGENT FOR MERRICK BANK <input checked="" type="checkbox"/> Other. Specify <u>CORP45292121009391036</u>	

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

4.1 0	Cbcs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2334 Columbus, OH 43216 Number Street City State Zip Code Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7669 When was the debt incurred? Opened 7/20/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$600.00
4.1 1	Cbcs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2334 Columbus, OH 43216 Number Street City State Zip Code Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7669 When was the debt incurred? Opened 7/20/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$600.00
4.1 2	Cbcs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 2334 Columbus, OH 43216 Number Street City State Zip Code Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7783 When was the debt incurred? Opened 8/24/18 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical	\$122.00

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

4.1	CBCS	Last 4 digits of account number 3135	\$621.00
3	Nonpriority Creditor's Name PO BOX 2334 COLUMBUS, OH 43216-2334	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify AGENT FOR SPECTRUM HEALTH		
4.1	CERTA PRO PAINTERS	Last 4 digits of account number	\$3,110.00
4	Nonpriority Creditor's Name 13100 168TH AVE SUITE C GRAND HAVEN, MI 49417	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
4.1	CHARLES J HIEMSTRA	PATRICIA VANDERA WAAG	\$24,518.00
5	Nonpriority Creditor's Name ATTORNEY AT LAW 125 OTTAWA AVE NW SUITE 310 GRAND RAPIDS, MI 49503	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ATTORNEY FOR CONSUMER CREDIT UNION FOR PATRICIA		

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known)

20-00363

4.1
6**CHARTER COMMUNICATIONS**

Nonpriority Creditor's Name

**PO BOX 3019
MILWAUKEE, WI 53201-3019**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No YesLast 4 digits of account number **9255****\$780.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.1
7**Chase Card Services**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 15298****Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No YesLast 4 digits of account number **3002****\$9,197.00**When was the debt incurred? **Opened 3/13/17 Last Active 6/05/17**

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.1
8**CHASE RECEIVABLES**

Nonpriority Creditor's Name

**1247 BROADWAY
SONOMA, CA 95476-7503**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No YesLast 4 digits of account number **0421****\$434.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify AGENT FOR FIGI'S COMPANIES INC

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-00363

4.1 9	<p>CMCS PREMIUM RECOVERY SERVICES</p> <p>Nonpriority Creditor's Name 10192 GRAND RIVER RD SUITE 111 BRIGHTON, MI 48116-6531</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7002</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify AGENT FOR FARM BUREAU INSURANCE</p>	\$261.00
4.2 0	<p>Community West Cu</p> <p>Nonpriority Creditor's Name P.o. Box 1967 Grand Rapids, MI 49501</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0000</p> <p>When was the debt incurred? Opened 12/16 Last Active 6/19/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Unsecured</p>	\$1,805.00
4.2 1	<p>Community West Cu</p> <p>Nonpriority Creditor's Name P.o. Box 1967 Grand Rapids, MI 49501</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0000</p> <p>When was the debt incurred? Opened 12/15 Last Active 10/07/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Unsecured</p>	\$0.00

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

4.2
2

CONSUMERS CREDIT UNION

Nonpriority Creditor's Name

**3975 CLAY SW
WYOMING, MI 49548-3014**

Number Street City State Zip Code

Who incurred the debt? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number

\$22,722.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

FOR VEHICLE NUMBER

Other. Specify **VIN#5ZT2TRWB0HB510750**

4.2
3

Credit Acceptance

Nonpriority Creditor's Name

25505 West 12 Mile Road

Suite 3000

Southfield, MI 48034

Number Street City State Zip Code

Who incurred the debt? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number **2702**

\$9,053.00

Opened **8/26/17** Last Active

4/18/19

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Automobile**

4.2
4

Credit Acceptance

Nonpriority Creditor's Name

25505 West 12 Mile Road

Suite 3000

Southfield, MI 48034

Number Street City State Zip Code

Who incurred the debt? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No

- Yes

Last 4 digits of account number **8502**

\$9,053.00

Opened **4/27/12** Last Active

2/12/14

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Automobile**

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**Case number (if known) **20-00363**

4.2 5	Credit Collection Services Nonpriority Creditor's Name Attn: Bankruptcy 725 Canton St Norwood, MA 02062 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6987 When was the debt incurred? Opened 12/26/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 06 Progressive	\$660.00
4.2 6	Credit One Bank Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1144 When was the debt incurred? Opened 12/15 Last Active 6/02/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	\$0.00
4.2 7	CU RECOVERY Nonpriority Creditor's Name 26263 FOREST BLVD WYOMING, MN 55092 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2068 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify AGENT FOR PARDA FEDERAL CREDIT UNION ACCOUNT 852068	\$1,616.00

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.2 8</div> <p>Dr Leonard's/Carol Wright Gifts Nonpriority Creditor's Name</p> <p>Po Box 7823 Edison, NJ 08818</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8A4A</p> <p>When was the debt incurred? Opened 12/16 Last Active 6/06/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	<p>\$268.00</p>	
<p>Enhanced Recovery Corp Nonpriority Creditor's Name</p> <p>Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 3102</p> <p>When was the debt incurred? Opened 07/19</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Collection Attorney Charter Communications</p>	<p>\$228.00</p>
<p>EXECUTIVE FINANCIAL COMPANY Nonpriority Creditor's Name</p> <p>PO BOX 1168 FLINT, MI 48501-1168</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 0649</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify AGENT FOR MONTIERTH AND ASSOCIATES</p>	<p>\$476.00</p>

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**Case number (if known) **20-00363**

4.3 1	FIGI'S COMPANIES INC Nonpriority Creditor's Name 3200 S CENTRAL AVE MARSHFIELD, WI 54404 Number Street City State Zip Code Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0421 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$434.00
4.3 2	First PREMIER Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0257 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$961.00
4.3 3	First PREMIER Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2244 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$952.00

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-00363

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3 4</div> <p>First PREMIER Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8691</u> \$708.00</p> <p>When was the debt incurred? <u>Opened 01/16 Last Active 9/12/17</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3 5</div> <p>First PREMIER Bank Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5051</u> \$591.00</p> <p>When was the debt incurred? <u>Opened 08/15 Last Active 9/08/17</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.3 6</div> <p>FIRST SOURCE ADVANTAGE LLC Nonpriority Creditor's Name 205 BRYANT WOODS SOUTH AMHERST, NY 14228 Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4899</u> \$2,244.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>AGENT FOR BANK OF AMERICA ACCOUNT ENDING IN 7562</u></p>

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-00363

4.3 7	<p>G R Cons Cu <small>Nonpriority Creditor's Name</small></p> <p>3975 Clay Ave Sw Grand Rapids, MI 49508 <small>Number Street City State Zip Code</small></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3000</p> <p>When was the debt incurred? Opened 12/14/16 Last Active 5/31/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Recreational</p>	\$22,723.00
4.3 8	<p>Ginnys/Swiss Colony Inc <small>Nonpriority Creditor's Name</small></p> <p>Attn: Credit Department Po Box 2825 Monroe, WI 53566 <small>Number Street City State Zip Code</small></p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6630</p> <p>When was the debt incurred? Opened 11/15 Last Active 6/05/16</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Charge Account</p>	\$502.00
4.3 9	<p>Gr Consumers Cu <small>Nonpriority Creditor's Name</small></p> <p>3975 Clay Ave Sw Wyoming, MI 49548 <small>Number Street City State Zip Code</small></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3000</p> <p>When was the debt incurred? Opened 12/16 Last Active 5/31/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Recreational</p>	\$22,723.00

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known)

20-00363

4.4
0**HARRIS & HARRIS LTD**

Nonpriority Creditor's Name

**111 WEST JACKSON BLVD
SUITE 400
CHICAGO, IL 60604-4135**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

9690

\$359.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify AGENT ILLINOIS TOLLWAY

4.4
1**Helvey & Associates**

Nonpriority Creditor's Name

**1029 East Center St
Warsaw, IN 46580**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7367

\$332.00

When was the debt incurred?

Opened 01/19

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Collection Attorney Consumers Energy Ua Accts

4.4
2**HOLLAND HOSPITAL**

Nonpriority Creditor's Name

**PO BOX 772123
DETROIT, MI 48277-2133**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7638

\$14.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify _____

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-003634.4
3**HOLLAND HOSPITAL**

Nonpriority Creditor's Name

PO BOX 77000**DEPT 772123****DETROIT, MI 48277-2123**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8090**\$266.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.4
4**HOLLAND HOSPITAL**

Nonpriority Creditor's Name

PO BOX 772123**DETROIT, MI 48277-2123**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$375.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**FOR ACCOUNTS WITH BARBARA
 TSATUROVA PLLC**

4.4
5**ILLINOIS TOLLWAY**

Nonpriority Creditor's Name

PO BOX 5544**CHICAGO, IL 60680-5544**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6995**\$359.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify _____

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known)

20-00363

4.4
6**IRS**

Nonpriority Creditor's Name

**DEPARTMENT OF THE TREASURY
 INTERNAL REVENUE SERVICE
 KANSAS CITY, MO 64999-0010**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

1415

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **OLD INCOME TAXES OWED**

4.4
7**JASON MICHAEL KATZ PC**

Nonpriority Creditor's Name

**30665 NORTHWESTERN HIGHWAY
 SUITE 202
 FARMINGTON HILLS, MI 48334**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$9,053.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **AGENT FOR CREDIT ACCEPTANCE CORP**

4.4
8**Jefferson Capital Systems, LLC**

Nonpriority Creditor's Name

**Po Box 1999
 Saint Cloud, MN 56302**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

0003

\$701.00

When was the debt incurred?

Opened 10/17

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Factoring Company Account Fingerhut Direct Mktng**

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**Case number (if known) **20-00363**4.4
9**Lake Mich Cu**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 2848****Grand Rapids, MI 49501**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

0001**\$1,892.00**

When was the debt incurred?

Opened 12/16 Last Active**7/31/17**

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Deposit Related**4.5
0**Lake Mich Cu**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 2848****Grand Rapids, MI 49501**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

0000**\$663.00**

When was the debt incurred?

Opened 12/16 Last Active**10/31/17**

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify **Unsecured**4.5
1**LAKESHORE EYECARE**

Nonpriority Creditor's Name

PO BOX 3272**SAGINAW, MI 48605**

Number Street City State Zip Code

Who incurred the debt? Check one.

 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number

2910**\$137.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-00363

4.5
2**LAKESHORE HEALTH PARTNERS**

Nonpriority Creditor's Name

602 MICHIGAN ST

HOLLAND, MI 49423

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$226.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.5
3**MAPLEVIEW ANIMAL HOSPITAL
PC**

Nonpriority Creditor's Name

185 PANTHER DRIVE

HOLLAND, MI 49424

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1049

\$215.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.5
4**MERCY HEALTH PHYSICIAN
PARTNER**

Nonpriority Creditor's Name

PO BOX 14099

BELFAST, ME 04915

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 1692

\$469.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known)

20-00363

4.5
5**Merrick Bank/CardWorks**

Nonpriority Creditor's Name

Attn: Bankruptcy

Po Box 9201

Old Bethpage, NY 11804

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

1036

\$1,265.00

Opened 10/15 Last Active
6/05/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.5
6**MICHIGAN DEPARTMENT
TREASURY**

Nonpriority Creditor's Name

DEPT 77437

PO BOX 77000

DETROIT, MI 48277-0437

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

1029

\$9,391.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify INCOME TAX

4.5
7**MICHIGAN REPRODUCTIVE AND
IVF**

Nonpriority Creditor's Name

41000 WOODWARD AVE

SUITE 100 EAST

BLOOMFIELD HILLS, MI 48304-5130

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

9241

\$800.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**Case number (if known) **20-00363**4.5
8**MIDLAND CREDIT MANAGEMENT**

Nonpriority Creditor's Name

**2365 NORTHSIDE DRIVE
SUITE 300
SAN DIEGO, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **0711****\$1,337.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

AGENT FOR SYNCHRONY BANK/CARE

Other. Specify **CREDIT**

4.5
9**Midland Funding**

Nonpriority Creditor's Name

**320 East Big Beaver
Troy, MI 48083**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **0711****\$1,296.00****Opened 08/17 Last Active
12/29/19**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Factoring Company Account Synchrony
Bank**4.6
0**Midland Funding**

Nonpriority Creditor's Name

**Attn: Bankruptcy
350 Camino De La Reine Ste 100
San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **6891****\$537.00****Opened 02/18 Last Active
10/13/19**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Factoring Company Account Credit One
Bank N.A.**

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**Case number (if known) **20-00363****4.6**
1**Monroe & Main**

Nonpriority Creditor's Name

**1112 7th Avenue
Monroe, WI 53566**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6110**\$498.00****Opened 12/15 Last Active
6/05/16**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Charge Account****4.6**
2**NATIONAL CREDIT ADJUSTERS**

Nonpriority Creditor's Name

**PO BOX 3023
327 W 4TH STREET
HUTCHINSON, KS 67504-3023**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

4693**\$1,575.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 AGENT FOR PLAIN GREEN LLC ACCOUNT Other. Specify **72343263****4.6**
3**National Credit Adjusters, LLC**

Nonpriority Creditor's Name

**327 West 4th Avenue
Po Box 3023
Hutchinson, KS 67504**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1923**\$702.00**When was the debt incurred? **Opened 03/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Factoring Company Account The Cash Other. Specify **Store**

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-003634.6
4**National Credit Adjusters, LLC**

Nonpriority Creditor's Name

327 West 4th Avenue

Po Box 3023

Hutchinson, KS 67504

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1977**\$167.00**

When was the debt incurred?

Opened 12/17

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Factoring Company Account Cash Store**

4.6
5**Nationwide Recovery**

Nonpriority Creditor's Name

501 Shelley Dr Ste 300

Tyler, TX 75701

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6482**\$331.00**

When was the debt incurred?

Opened 12/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Collection Attorney Carelinc Medical Equipment**

4.6
6**Parda Federal Credit U**

Nonpriority Creditor's Name

755 Parkdale

Rochester, MI 48308

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0000**\$1,616.00**

When was the debt incurred?

Opened 12/16 Last Active**5/26/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Unsecured**

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-003634.6
7**Plain Green Loans**

Nonpriority Creditor's Name

Attn: Bankruptcy
1900 Frost Rd Ste 100
Bristol, PA 19007

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

3263\$1,575.00When was the debt incurred? Opened 12/07/15 Last Active 1/29/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Unsecured

4.6
8**Portfolio Recovery**

Nonpriority Creditor's Name

Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

6555\$913.00When was the debt incurred? Opened 10/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Capital One Other. Specify Bank Usa N.A.4.6
9**Portfolio Recovery**

Nonpriority Creditor's Name

Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

6403\$587.00When was the debt incurred? Opened 08/17 Last Active 4/17/19

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
 Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Factoring Company Account Synchrony Other. Specify Bank

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-00363

4.7
0

Portland Federal Credit Union Nonpriority Creditor's Name	Last 4 digits of account number <u>0500</u>	\$0.00
9077 Charlotte Highway Portland, MI 48875 Number Street City State Zip Code	When was the debt incurred? <u>Opened 6/23/16 Last Active 12/19/16</u>	
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Recreational</u>		

4.7
1

RADIUS GLOBAL SOLUTIONS LLC Nonpriority Creditor's Name <u>PO BOX 390846</u> <u>MINNEAPOLIS, MN 55439</u> Number Street City State Zip Code	Last 4 digits of account number <u>8727</u>	\$708.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>AGENT FOR FIRST PREMIER BANK</u>		

4.7
2

Receivables Management Partners (RMP) Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>Po Box 13129</u> <u>Lansing, MI 48901</u> Number Street City State Zip Code	Last 4 digits of account number <u>4764</u>	\$133.00
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Lhp Internal Medicine</u>		

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-003634.7
3**Receivables Management Partners (RMP)**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 13129****Lansing, MI 48901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4763 \$133.00When was the debt incurred? Opened 08/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Collection Attorney Lhp Internal Medicine

4.7
4**Receivables Management Partners (RMP)**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 13129****Lansing, MI 48901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8988 \$113.00When was the debt incurred? Opened 02/17

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Collection Attorney Lhp Ultrasound

4.7
5**Receivables Management Partners (RMP)**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 13129****Lansing, MI 48901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4826 \$94.00When was the debt incurred? Opened 11/18

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Collection Attorney Lhp Internal Medicine

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**4.7
6**Receivables Management Partners (RMP)**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 13129****Lansing, MI 48901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **6110** \$93.00When was the debt incurred? **Opened 08/16**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney David Young Md**

4.7
7**Receivables Management Partners (RMP)**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 13129****Lansing, MI 48901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **2800** \$93.00When was the debt incurred? **Opened 02/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney Lhp Internal Medicine**

4.7
8**Receivables Management Partners (RMP)**

Nonpriority Creditor's Name

Attn: Bankruptcy**Po Box 13129****Lansing, MI 48901**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **8987** \$92.00When was the debt incurred? **Opened 02/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed
Type of NONPRIORITY unsecured claim:
 Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collection Attorney Lhp Ultrasound**

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363****4.7**
9

Security Credit Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1156 Oxford, MS 38655	Last 4 digits of account number 6552	\$2,460.00
Number Street City State Zip Code	When was the debt incurred? Opened 03/18	
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify Collection Attorney Tempoe Lic <input type="checkbox"/> Yes	

4.8
0

SNAP RTO LLC Nonpriority Creditor's Name PO BOX 26561 SALT LAKE CITY, UT 84126	Last 4 digits of account number	\$995.00
Number Street City State Zip Code	When was the debt incurred? 1/25/20	
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify RENTAL-PURCHASE AGREEMENT (?) FOR REPAIRS TO TRUCK <input type="checkbox"/> Yes	

4.8
1

SPECTRUM HEALTH Nonpriority Creditor's Name PO BOX 88013 CHICAGO, IL 60680-1013	Last 4 digits of account number 3514	\$971.00
Number Street City State Zip Code	When was the debt incurred?	
As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Student loans <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Other. Specify <input type="checkbox"/> Yes	

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

4.8
2

Sterling Jewelers/Jared

Nonpriority Creditor's Name

**Attn: Bankruptcy
375 Ghent Rd
Akron, OH 44333**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7455

\$0.00

**Opened 02/06 Last Active
8/07/06**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Charge Account**

4.8
3

Synchrony Bank/Walmart

Nonpriority Creditor's Name

**Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6594

\$0.00

**Opened 8/20/15 Last Active
10/07/16**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Charge Account**

4.8
4

Tidewater Finance Co

Nonpriority Creditor's Name

**Attn: Bankruptcy
6520 Indian River Rd
Virginia Beach, VA 23464**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

0929

\$2,468.00

**Opened 11/16 Last Active
2/16/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Installment Sales Contract**

Debtor 1 **Daniel L. VanderZwaag**
Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-003634.8
5**TIMOTHY E BAXTER & ASSOC**

Nonpriority Creditor's Name

PO BOX 2669
FARMINGTON HILLS, MI
48333-2669

Last 4 digits of account number

9042**\$2,460.00**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

AGENT FOR SECURITY CREDIT SERVICES

Other. Specify **LLC**

4.8
6**U.S. Department of Education**

Nonpriority Creditor's Name

Ecmc/Bankruptcy
Po Box 16408
Saint Paul, MN 55116

Last 4 digits of account number

7489**\$1,171.00**Opened 10/15 Last Active
4/07/19

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Educational4.8
7**U.S. DEPARTMENT OF JUSTICE**

Nonpriority Creditor's Name

US ATTORNEYS OFFICE
PO BOX 208
GRAND RAPIDS, MI 49501

Last 4 digits of account number

9903**\$146,263.00**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

COURT CASE 1:08CR324-02

Other. Specify **RESTITUTION OWED BY BOTH DEBTORS**

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known) **20-00363**

4.8
8

UNITED COLLECTION BUREAU INC	Last 4 digits of account number	\$134.00
Nonpriority Creditor's Name 5620 SOUTHWYCK BLVD SUITE 206 TOLEDO, OH 43614	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify AGENT FOR WESTERN MI PATHOLOGY ASSOC	

4.8
9

USCB CORPORATION	Last 4 digits of account number	\$536.00
Nonpriority Creditor's Name ACCOUNTS RECEIVABLE MANAGEMENT PO BOX 75 ARCHBALD, PA 18403	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify AGENT FOR STRATFORD CAREER INSTITUTE ACCOUNT G201782	

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-00363

4.9 0	<p>USCB CORPORATION Nonpriority Creditor's Name ACCOUNTS RECEIVABLE MANAGEMENT PO BOX 75 ARCHBALD, PA 18403 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4269</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify AGENT FOR STRATFORD CAREET INSTITUTE ACCOUNT NUMBER G201784</p>	\$506.00
4.9 1	<p>Usdoe/Gleisi Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8581</p> <p>When was the debt incurred? Opened 10/21/15 Last Active 6/05/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	\$0.00
4.9 2	<p>WESTERN MI PATH ASSOC PLLC Nonpriority Creditor's Name 5700 SOUTHWYCK BLVD TOLEDO, OH 43614-1509 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8739</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	\$134.00

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-00363

4 9
3

**WESTSHORE RECYCLING &
TRANSFER**

Nonpriority Creditor's Name

**A-4376 60 STREET
HOLLAN, MI 49423**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt
- Is the claim subject to offset?
 - No
 - Yes

Last 4 digits of account number

\$140.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
- Unliquidated
- Disputed
- Type of NONPRIORITY unsecured claim:
 - Student loans
 - Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 - Debts to pension or profit-sharing plans, and other similar debts
 - Other. Specify **CHECK #2085 DATED 10-09-17 NSF**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**UNITED STATES ATTYS OFFICE
PO BOX 208
GRAND RAPIDS, MI 49501-0208**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	Total Claim	
		6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>1.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>1.00</u>
Total claims from Part 2	6f. Student loans	Total Claim	
		6f.	\$ <u>1,171.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>345,886.00</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>347,057.00</u>

Fill in this information to identify your case:

Debtor 1	Daniel L. VanderZwaag		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Patricia L. VanderZwaag		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	20-00363		

Check if this is an
amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 **NEWFOUND RENTALS LLC**
3262 WESTHEIMER RD STE 324
HOUSTON, TX 77098

**60-MONTH INSTALLMENT PURCHASE OF A SHED
(WHICH IS REQUIRED BY THE MOBILE HOME PARK)
FOR STORAGE OF GOODS THAT DO NOT GO IN THE
MOBILE HOME, DATED 12/12/19, CASH PRICE OF
\$2,438. CLOTHED IN A RENTAL PURCHASE
AGREEMENT CALLING FOR 60 PAYMENTS OF \$92.87
OR A TOTAL OF \$5,572.20; CONVERTIBLE TO A
STRAIGH PURCHASE WITHIN THE FIRST 90 DAYS FOR
CASH PRICE LESS ALL RENTAL PAYMENTS MADE;
TWO PAYMENTS MADE SO FAR, OPTION TO CONVERT
TO PURCHASE HEREBY EXERCISED,**

2.2 **WEST OLIVE ESTATES**
8930 146TH AVE
WEST OLIVE, MI 49460

MOBILE HOME PARK RENT \$435 PER MONTH

Fill in this information to identify your case:

Debtor 1	Daniel L. VanderZwaag		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Patricia L. VanderZwaag		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	<u>20-00363</u>		

Check if this is an
amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____

 Number _____ Street _____
 City _____ State _____ ZIP Code _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.2

Name _____

 Number _____ Street _____
 City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1	<u>Daniel L. VanderZwaag</u>
Debtor 2 (Spouse, if filing)	<u>Patricia L. VanderZwaag</u>
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF MICHIGAN</u>	
Case number (If known)	<u>20-00363</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I**Schedule I: Your Income**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>DRIVER</u>	<u>HOUSEKEEPER</u>
Employer's name	<u>MICHIGAN WOOD FIBERS LLC</u>	<u>COUNTRY INN & SUITES/ SCA HOTELS CORP</u>
Employer's address	<u>9426 HENRY COURT ZEELAND, MI 49464</u>	<u>5 SHENANDOAH JACKSONVILLE, IL 62650</u>

How long employed there?1.5 YEARS5 MONTHS**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>5,145.92</u>	\$ <u>1,366.95</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>5,145.92</u>	\$ <u>1,366.95</u>

Debtor 1 **Daniel L. VanderZwaag**
 Debtor 2 **Patricia L. VanderZwaag**

Case number (if known)

20-00363

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 5,145.92	\$ 1,366.95	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 787.11	\$ 114.92	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 237.03	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: UNIFORMS	5h. + \$ 30.77	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,054.91	\$ 114.92	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,091.01	\$ 1,252.03	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$ 4,091.01	+ \$ 1,252.03	= \$ 5,343.04
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i>, if it applies	12. \$ 5,343.04		
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No.		
	<input type="checkbox"/> Yes. Explain: _____		
Combined monthly income			

Fill in this information to identify your case:

Debtor 1	<u>Daniel L. VanderZwaag</u>
Debtor 2 (Spouse, if filing)	<u>Patricia L. VanderZwaag</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF MICHIGAN</u>
Case number (If known)	<u>20-00363</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

 No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.2. Do you have dependents? NoDo not list Debtor 1 and
Debtor 2. Yes.Fill out this information for
each dependent.Do not state the
dependents names.Dependent's relationship to
Debtor 1 or Debtor 2Dependent's
ageDoes dependent
live with you?

DAUGHTER

17

 No Yes No Yes No Yes No Yes

SON

21

 No3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 448.00**Your expenses**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>20.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>0.00</u>

Debtor 1 Daniel L. VanderZwaag
 Debtor 2 Patricia L. VanderZwaag

Case number (if known) 20-00363

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>220.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>53.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>298.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>700.00</u>	
8. Childcare and children's education costs	8. \$ <u>60.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>120.00</u>	
10. Personal care products and services	10. \$ <u>90.00</u>	
11. Medical and dental expenses	11. \$ <u>260.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>340.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>100.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>492.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>486.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>335.00</u>	
17c. Other. Specify: RESTITUTION \$200 EACH	17c. \$ <u>400.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>4,522.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>4,522.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,522.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (your <i>combined monthly income</i>) from Schedule I.	23a. \$ <u>5,343.04</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,522.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>821.04</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Daniel L. VanderZwaag		
	First Name	Middle Name	Last Name
Debtor 2	Patricia L. VanderZwaag		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN			
Case number	20-00363		
(if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Daniel L. VanderZwaag

Daniel L. VanderZwaag
Signature of Debtor 1

Date February 11, 2020

X /s/ Patricia L. VanderZwaag

Patricia L. VanderZwaag
Signature of Debtor 2

Date February 11, 2020